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Bib Data Sheet

CONFIRMATION NO. 2582

<b>SERIAL NUMBER</b> 09/909,481	<b>FILING OR 371(c) DATE</b> 07/20/2001 <b>RULE</b>	<b>CLASS</b> 713	<b>GROUP ART UNIT</b> 2136	<b>ATTORNEY DOCKET NO.</b> 253/277	
<b>APPLICANTS</b> Donald Bellis JR., Canandaiga, NY; Paul Denimarck, Webster, NY; Barry Keys, Batavia, NY;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/03/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> MacCord Mason PLLC P.O. Box 2974 Greensboro ,NC 27402					
<b>TITLE</b> Video identification verification system and method for a self-checkout system					
<b>FILING FEE RECEIVED</b> 1172	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 2582

<b>SERIAL NUMBER</b> 09/909,481	<b>FILING DATE</b> 07/20/2001 <b>RULE</b>	<b>CLASS</b> 380	<b>GROUP ART UNIT</b> 2131	<b>ATTORNEY DOCKET NO.</b> 253/277
<b>APPLICANTS</b> Donald Bellis JR., Canandaiga, NY; Paul Denimarck, Webster, NY; Barry Keys, Batavia, NY;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/03/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 22249 # 33451				
<b>TITLE</b> Video identification verification system and method for a self-checkout system				
<b>FILING FEE RECEIVED</b> 1172	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	